



**HAWAII STATE ETHICS COMMISSION**  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME(Last)	(First)	(Middle)	TELEPHONE
Sakamoto	Lisa	M.K.	(808) 543-9409
MAILING ADDRESS (Street)			FAX
P. O. Box 3288			(808) 543-9458
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96801	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Young Brothers, Limited			(808) 543-9311
MAILING ADDRESS (Street)			FAX
P. O. Box 3288			(808) 543-9458
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96801	

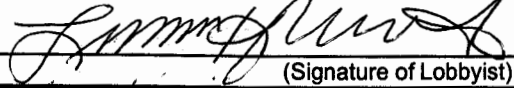
<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Young Brothers, Limited		(808) 543-9311
MAILING ADDRESS (Street)		FAX
P. O. Box 3288		(808) 543-9458
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96801
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Lisa M.K. Sakamoto		(808) 543-9409
MAILING ADDRESS (Street)		FAX
P. O. Box 3288		(808) 543-9458
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96801

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

**PART IV CERTIFICATION OF LOBBYIST**

*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

  
(Signature of Lobbyist)

1/26/05

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Glenn K.Y. Hong	President

NAME OF ORGANIZATION (if applicable)

Young Brothers, Limited

TELEPHONE

(808) 543-9322

MAILING ADDRESS (Street)

P. O. Box 3288

FAX

(808) 543-9458

(City)

Honolulu

(State)

Hawaii

(Zip Code)

96801

*I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.*

  
(Signature of Authorizing Officer or Person Represented)

1/26/05

(Date)